

ARIZONA DEPARTMENT OF ECONOMIC SECURITY DIVISION OF DEVELOPMENTAL DISABILITIES

Notice of Privacy Practices Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice please contact:

**Division of Developmental Disabilities
Office of Compliance and Review
1789 West Jefferson, Site Code 791A
Phoenix, Arizona 85007
Phone (602) 542-0419
Fax (602) 364-2850**

This Notice of Privacy Practices describes how the Division of Developmental Disabilities may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

The Division of Developmental Disabilities is required to abide by the terms of the Notice of Privacy Practices. The Division of Developmental Disabilities may change the terms of the notice at any time. The new notice will be effective for all protected health information that the Division of Developmental Disabilities maintains at that time. You can obtain a copy of any revised Notice of Privacy Practices by accessing our website at www.de.state.az.us/ddd or requesting a copy from your support coordinator or the Division's Privacy Officer.

A. Uses and Disclosures of Protected Health Information - Where No Authorization Is Needed

Your protected health information may be used and disclosed by the Division of Developmental Disabilities and others outside of the Division who are involved in your care and treatment when providing health care services to you. Your protected health information may also be used and disclosed for the purpose of paying your health care bills and to support the operations of the Division of Developmental Disabilities.

The following are examples of the types of uses and disclosures of your protected health information that the Division of Developmental Disabilities is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the Division of Developmental Disabilities.

- 1. Treatment:** The Division of Developmental Disabilities will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party who has already obtained your permission to have access to your protected health information. For example, the Division of Developmental Disabilities would disclose your protected health information, as necessary, to a health plan that provides care to you. The Division of Developmental Disabilities will also disclose protected health information to physicians who may be treating you. Your protected health information may be provided to a physician to whom you

have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, the Division of Developmental Disabilities may disclose your protected health information to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care, diagnosis or treatment.

2. **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services the Division of Developmental Disabilities recommends for you such as: making a determination of eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity; and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.
3. **Healthcare Operations:** The Division of Developmental Disabilities may use or disclose, as needed, your protected health information in order to support the business activities of the Division of Developmental Disabilities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, licensing, research, resolving grievances and conducting or arranging for other business activities.

For example, the Division of Developmental Disabilities may disclose your protected health information to the Arizona Health Care Cost Containment System for quality assurance purposes or to obtain reimbursement for health care services provided to you.

The Division of Developmental Disabilities will share your protected health information with third party "business associates" that perform various activities (e.g., residential services, day program services, home and community based services) for the Division. Whenever an arrangement between the Division of Developmental Disabilities and a private business associate involves the use or disclosure of your protected health information, the Division of Developmental Disabilities will have a written contract with the business associate that contains terms that will protect the privacy of your health information. If the business associate is required by law to provide the service, the Division will obtain written assurance that the entity or individual will safeguard the privacy of your protected health information.

The Division of Developmental Disabilities may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other healthrelated benefits and services that may be of interest to you. You may contact the Division's Privacy Officer to request that these materials not be sent to you.

B. Uses and Disclosures of Protected Health Information - Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing, except to the extent that your health care provider has taken an action in reliance on the use or disclosure indicated in the authorization.

1. Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

The Division of Developmental Disabilities may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to

agree or object to the use or disclosure of the protected health information, the Division of Developmental Disabilities may, using the professional judgment of its staff, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

2. **Others Involved in Your Healthcare:** Unless you object, the Division of Developmental Disabilities may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or payment of your health care. If you are unable to agree or object to such a disclosure, the Division of Developmental Disabilities may disclose such information as necessary if the Division determines that it is in your best interest based on Division staff's professional judgment. The Division of Developmental Disabilities may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, the Division of Developmental Disabilities may use or disclose your protected health information to an authorized public or private entity, to assist in disaster relief efforts and to coordinate uses and disclosures to family members or other individuals involved in your health care.
3. **Emergencies:** The Division of Developmental Disabilities may use or disclose your protected health information in an emergency treatment situation involving you or for such emergencies as disaster relief.

C. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

The Division of Developmental Disabilities may use or disclose your protected health information in the following situations without your authorization. These situations include:

1. **Required By Law:** The Division of Developmental Disabilities may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of certain uses or disclosures.
2. **Public Health:** The Division of Developmental Disabilities may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. The Division of Developmental Disabilities may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
3. **Communicable Diseases:** The Division of Developmental Disabilities may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
4. **Health Oversight:** The Division of Developmental Disabilities may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
5. **Abuse or Neglect:** The Division of Developmental Disabilities may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. If the Division of Developmental Disabilities reasonably believes that you have

been a victim of abuse, neglect or domestic violence, the Division of Developmental Disabilities may disclose your protected health information to a government authority authorized to receive reports of abuse, neglect or domestic violence. The information will be disclosed when you agree to the release of the information or the disclosure will be made consistent with the requirements of applicable federal and state laws including protections afforded you to prevent serious harm.

6. **Food and Drug Administration:** The Division of Developmental Disabilities may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.
7. **Criminal Activity:** Consistent with applicable federal and state laws, the Division of Developmental Disabilities may disclose your protected health information if you are the victim of a crime or the Division believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Division of Developmental Disabilities may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
8. **Law Enforcement:** The Division of Developmental Disabilities may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes as otherwise required by law; (2) limited information requests for identification and location purposes; (3) gathering information pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) gathering information in the event that a crime occurs at your residence; and (6) a medical emergency and it is likely that a crime has occurred.
9. **Legal Proceedings:** The Division of Developmental Disabilities may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.
10. **Inmates:** The Division of Developmental Disabilities may use or disclose your protected health information if you are an inmate of a correctional facility.
11. **Coroners, Funeral Directors and Organ Donation:** The Division of Developmental Disabilities may disclose protected health information to a coroner or medical examiner for identification purposes for determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. The Division of Developmental Disabilities may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out necessary duties. The Division of Developmental Disabilities may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
12. **Research:** The Division of Developmental Disabilities may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

D. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain , upon written request, a copy of your protected health information that is contained in a designated record set, as defined by federal law, for as long as the Division of Developmental Disabilities maintains the protected health information.

Under federal law, however, you may not automatically inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have this decision reviewed. Please contact the Division's Privacy Office if you have questions about access to your records.

2. **You have the right to request a restriction of your protected health information.** This means you may ask the Division of Developmental Disabilities not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members, relatives or friends who may be involved in your care or payment for your care, or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
3. **The Division of Developmental Disabilities is not required to agree to a restriction that you may request.** If the Division of Developmental Disabilities believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the Division of Developmental Disabilities does agree to the requested restriction, the Division may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment; even then the Division will request that the information not be further disclosed. With this in mind, please discuss any restriction you wish to request with your support coordinator. You may request a restriction by submitting the request in writing to the Division's Privacy Officer at the address designated on page 1 of this document.
4. **You have the right to request to receive confidential communications from the Division of Developmental Disabilities by alternative means or at an alternative location.** The Division of Developmental Disabilities will accommodate reasonable requests. The Division of Developmental Disabilities may also condition this accommodation by asking you to specify an alternative address or other method of contact. The Division of Developmental Disabilities will not request an explanation from you as to the basis for the request. Please make this request in writing to the Division's Privacy Officer.
5. **You may have the right to have your protected health information amended.** This means you may request an amendment of protected health information about you the Division created in a designated record set for as long as the Division of Developmental Disabilities maintains this information. This statement must provide a reason to support the requested amendment. In certain cases, the Division of Developmental Disabilities may deny your request for an amendment. If the Division of Developmental Disabilities denies your request for amendment, you have the right to file a statement of disagreement with the Division's Privacy Officer. If the Division of Developmental Disabilities continues to deny your request, it may prepare a rebuttal to your statement; the Division will provide you with a copy of any such rebuttal. Please contact the Division's Privacy Officer to determine if you have questions about amending your medical records.
6. **You have the right to receive an accounting of certain disclosures the Division of Developmental Disabilities has made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operations

as described in this Notice of Privacy Practices. It excludes disclosures authorized by you or which we may have made to you, to family members, relatives or friends involved in your care, as well as any releases authorized by federal law or required by law. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

7. **You have the right to obtain a paper copy of this notice from the Division of Developmental Disabilities**, upon request, even if you have agreed to accept this notice electronically.

E. Complaints

You may complain to the Division of Developmental Disabilities or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the Division. You may file a written complaint with the Division of Developmental Disabilities by sending it to the Division's Privacy Officer. The Division of Developmental Disabilities will not retaliate against you for filing a complaint.

Contact the Division's Privacy Officer, David E. Lara, at (602) 542-0419 or by e-mail at Dlara@azdes.gov for further information about the complaint process.

This notice was published February 6, 2003 and becomes effective on April 14, 2003.

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-542-6825.